

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS	██████████		██████████		██████████	

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TOTAL IND.			↓		↓		↓	
TOTAL DEP.		↔		↔		↔	↔	
TOTAL CLAIMS	██████████		██████████		██████████		██████████	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS